

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101567314

FILING DATE

2-7-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8				1		
9				1		
10				1		
11			e			
12						
13						
14						
15						
16						
17						
18						
19			e			
20				1		
21				1		
22				1		
23				1		
24			e			
25						
26			e			
27				1		
28				1		
29			e			
30				1		
31				1		
32				1		
33				1		
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47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		18	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						